

# ECCHO Eagles Sports Program Student-Candidate Application

Player Name: \_\_\_\_\_ Goes by \_\_\_\_\_

Birthdate	
Age as of Sept. 1, 2024	
Physical Address	
City, State, Zip	
Mailing Address	
City, State, Zip	
Player Phone	
Player Email	
Grade Level	
Player Lives With	
Player Drives	Yes No
Player Jersey Size	
Additional Helpful Info for the coaches/staff (allergies, special needs, learning differences, etc.)	

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# Family Information & Emergency Contact Info

Family Last Name:	
Mother Name:	
Mother Cell:	
Mother Email:	
Mailing Address:	
Father Name:	
Father Cell:	
Father Email:	
Mailing Address:	
Emergency Contact Info:	
Name:	
Relationship:	
Phone:	
Name:	
Relationship:	
Phone:	

# Medical Information & Release

Family Name: \_\_\_\_\_

1. In case of emergency, I grant consent to ECCHO leaders to authorize medical care for my minor child/children: (Please list all children with DOB.)

\_\_\_\_\_

2. Our family doctor is:

\_\_\_\_\_ Number: \_\_\_\_\_

3. The hospital we use is:

\_\_\_\_\_

4. Our insurance provider and policy number:

\_\_\_\_\_

5. Please list any medications, allergies, or medical conditions for each child. This is very important, your child may be offered snacks or work with materials that could cause allergic reactions. It is also helpful for your student's tutors to be aware of any special needs your child may have, so he/she may best know how to work with your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Student-Athlete Media Release Form

Student's name: \_\_\_\_\_

Sports Programs Participating in \_\_\_\_\_

I hereby grant permission for video recordings and photographs to be taken of my student-athlete. I understand that the recordings and images collected will be used, but not limited to social media platforms, photography, and videography. I authorize Ellis County Christian Homeschool Organization (ECCHO) to use my student's image on its websites and/or in printed promotional materials without further consideration and I acknowledge ECCHO's right to treat the media at its discretion. I also acknowledge that ECCHO may choose not to use my student's image at this time, but may do so at its own discretion at a later date. I understand that once my student's image is posted or used on ECCHO's website or similar platforms, the image could possibly be downloaded by a third party. I agree that I will not hold ECCHO responsible for any harm that may arise from such unauthorized reproduction.

Parent/Guardian Name: (Please Print)

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Ellis County Christian Homeschool Organization (ECCHO)

Liability Release (Release of All Claims)

As a participant in any ECCHO sports program, we (I), being 21 years-of-age or older, do for ourselves (myself) and on behalf of our (my) child(ren) who are participating, hereby release, forever discharge and agree to hold harmless (ECCHO) its directors, officers, teachers, executors, administrators, and volunteers thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and/or the child(ren) participating in any and all ECCHO programs.

Furthermore, we (I), and on behalf of our (my) child(ren), hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

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Parent/Guardian Signature

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Date

Signed

## Athletic Signature Page

I, the student-athlete whose name is printed below, along with my parents, whose name is listed below state that I have read the ECCHO Athletic Handbook. We understand the guidelines, rules, and information written within. By signing this signature page, I agree to follow said guidelines, rules, and information. I understand the fees involved with sports and agree to pay the agreed-upon fees for my student-athlete team in the time frame set forth by ECCHO.

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Student-Athlete Printed Name

Student-Athlete Signature

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Parent/Guardian Printed Name

Parent/Guardian Signature

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Date Signed

